

Recertification Application

Note: This application cannot be processed until OSMBA receives this completed application and the required documents listed on the Check-Off List.

Please provide the following information:

1. Business Information

Federal Employer I.D. Number _____ Social Security Number _____

Name of Business _____

Business Address _____
Street PO Box

City State Zip Code

Mailing Address _____
Street PO Box

City State Zip Code

Contact Person _____ Title _____

County _____ Telephone _____ Fax _____

2. Legal Structure (check one)

____ Sole Proprietorship

____ Partnership

____ Corporation

____ Joint Venture

Date business Started _____

Date Incorporated _____

3. Type of Business (check one)

____ Manufacturing

____ Service

____ Broker

____ Construction

____ Distributing

____ Other _____
(please specify)

4. This company is applying for certified status as a:

____ Minority Owned Business (MBE)
(WBE)

____ Woman Owned Business

5. Minority Status of Owner(s) (check one)

____ Black

____ Asian

____ Hispanic

____ Aleut

____ Native American

____ Eskimo

____ East Indian

____ Caucasian Female

6. Citizenship Status of Minority Owner(s) (check one)

____ United States ____ Resident Alien ____ Other (explain in attachments)

7. Is your company bonded? ____yes ____no

Bonding carrier_____

Capacity \$_____

8. Business References

Name

Address

City, State, Zip

9. Indicate product information (commodities your business sells) (Please be specific)

10. Indicate services your business offers (Attach additional information if necessary)

11. Indicate number of years firm has been in business under present name____

Ownership of Firm Identify those who own 5% or more of the firm. Attach list of others if necessary.

Name	Race	Sex	Years of Ownership	ownership%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Identify any owner or management official of the named business who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named business. Present business relationships (Affidavits) include shared space, equipment, financing, or employees, as well as businesses having some of the same owners. Attach a list and explain relationship.

Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners and third parties that restrict or control minority owners.

12. Are you Certified 8(a) by the U.S. Small Business Administration ___yes ___no

Certified by the S.C. Department of Transportation ___yes ___no

13. How many employees do you currently have on Payroll?

Full Time_____

Part Time_____

14. What geographical area do you serve?_____

15. State your company's present net worth \$_____

16. List the type of equipment owned by your company_____

17. Where is the equipment stored?_____

Control of Firm: Identify by name, race, sex, and title those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including but not limited to those with prime financial responsibility for:

18. Financial Decisions

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each person listed under **Financial Decisions**, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibility given to him or her. Attach list and explain.

19. Management Decisions

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Marketing and Sales

Name	Race	Sex	Title
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_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Hiring and Firing of Management Personnel

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Purchase of Major Items or Supplies

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Supervising (of field operations)

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Are you licensed to do business in South Carolina as well as locally, including all business licenses?

_____ yes _____ no

25. Indicate if this firm or any other firms with the same officers have previously received or been denied certification. If so, attach a copy of Notice of Certification or describe the circumstances of the denial.

CHECKLIST FOR CERTIFICATION MATERIAL

Any firm desiring to be certified as a minority firm must complete the attached application package and submit the following documents:

1. A copy of incorporation papers or partnership agreement;
(if applicable);
2. Copies of your business licenses; (if applicable)
3. MMO Vendor Registration Application completed online at:
<https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>
4. Copies of issued stock certificates - from inception and numerical order;
5. A copy of your personal financial statement for the last two (2) years
and a copy of the personal financial statement on each owner;
6. A copy of your signed tax records for the past three (3) years (business
and personal); and
7. Completed signed and notarized Affidavit.

The documents requested above must be returned to the following address:

Office of Small and Minority Business Assistance
Edgar A. Brown Building, Suite 440 A
1205 Pendleton Street
Columbia, South Carolina 29201

Telephone: (803) 734-0657

Revised November 3, 2008